

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		2				
4		8 1				
5		1				
6	1					
7	1					
8	1					
9	1					
10	1					
11		1				
12		1				
13	1					
14	1					
15	1					
16		1				
17		2				
18	X	2				
19	1					
20	1					
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49						
50						
TOTAL IND.	12					
TOTAL DEP.	11					
TOTAL CLAIMS	23					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS